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AMENDED RETURN
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2010

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning _____, and ending _____

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 463563224.</p>	<p>Print or Type</p> <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) METHODIST MEDICAL CENTER OF ILLINOIS</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 221 NE GLEN OAK AVE</p> <p>City or town, state, and ZIP code PEORIA, IL 61636-0002</p>	<p>D Employer identification number (Employers' trust, see instructions) 37-0661223</p> <p>E Unrelated business activity codes (See instructions) 621500 541900</p>
<p>F Group exemption number (See instructions.)</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

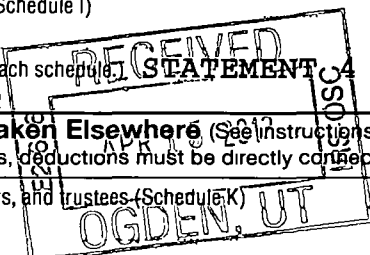
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **TONY MOORE** Telephone number **309-672-5914**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 3,403,176.			
b Less returns and allowances c Balance	1c 3,403,176.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 3,403,176.		3,403,176.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 39,132.	STMT 3	39,132.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12 1,323,649.		1,323,649.
13 Total. Combine lines 3 through 12	13 4,765,957.		4,765,957.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages	15 1,726,359.	
16 Repairs and maintenance	16 4,361.	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19 140,462.	
20 Charitable contributions (See instructions for limitation rules.)	20 21,608.	
21 Depreciation (attach Form 4562)	21 45,401.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 45,401.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25 385,669.	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28 1,702,057.	
29 Total deductions. Add lines 14 through 28	29 4,025,917.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 740,040.	
31 Net operating loss deduction (limited to the amount on line 30)	31 544,568.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32 195,472.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33 1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34 194,472.	



SEE STATEMENT 9
SEE STATEMENT 5

SEE STATEMENT 6

SEE STATEMENT 10

SCANNED APR 19 2013

Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Includes rows for Foreign tax credit (40a-40d), Total credits (40e), Subtract line 40e from line 39 (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Amount, and Yes/No. Includes rows for Inventory at beginning of year (1), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Inventory at end of year (6), Cost of goods sold (7), and Do the rules of section 263A apply (8).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 4/8/13 Title: VP FINANCE/CFO

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

**SCHEDULE O
(Form 1120)**

Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No 1545-0123

2010

Name

METHODIST MEDICAL CENTER OF ILLINOIS

Employer identification number

37-0661223

Part I Apportionment Plan Information

- 1** Type of controlled group:
- a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only
- 2** This corporation has been a member of this group:
- a For the entire year.
 - b From _____, 20____, until _____, 20____.
- 3** This corporation consents and represents to:
- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20____, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending 12/31, 2009, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20____, and for all succeeding tax years.
- 4** If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a Elected by the component members of the group.
 - b Required for the component members of the group.
- 5** If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20____, and for all succeeding tax years.
- 6** If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See Instructions.
- a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20____.
 - (ii) On _____, 20____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20____.
 - b No. The members may not adopt or amend an apportionment plan.
- 7** Required information and elections for component members. Check the applicable box(es) (see Instructions).
- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
 - c The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) NONE	
1	METHODIST SERVICES, INC 37-1111134	2010-12	NONE	NONE	NONE	NONE	NONE	NONE
2	METHODIST HEALTH SERVICES CORPORATION 37-1111135	2010-12	NONE	NONE	NONE	NONE	NONE	NONE
3	METHODIST MEDICAL CENTER OF ILLINOIS 37-0661223	2010-12	50,000	25,000	9,925,000	NONE	NONE	10,000,000
4	PROVIDER RESOURCE MANAGEMENT INC 37-1223550	2010-12	NONE	NONE	NONE	NONE	NONE	NONE
5	HEARTLAND HOME HEALTH CARE INC & SUBSIDIARIES 37-1140939	2010-12	NONE	NONE	NONE	NONE	NONE	NONE
6								
7								
8								
9								
10								
	Total		50,000	25,000	9,925,000	NONE	NONE	10,000,000

Part III Income Tax Apportionment (See instructions)

Income Tax Apportionment

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 METHODIST SERVICES, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 METHODIST HEALTH SERVICES CORPORATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 METHODIST MEDICAL CENTER OF ILLINOIS	7,500	6,250	3,374,500	NONE	11,750	NONE	3,400,000
4 PROVIDER RESOURCE MANAGEMENT INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 HEARTLAND HOME HEALTH CARE, INC & SUBSIDIARIES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6							
7							
8							
9							
10							
Total	7,500	6,250	3,374,500	NONE	11,750	NONE	3,400,000

Part IV Other Apportionments (See instructions)

Other Apportionments

(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 METHODIST SERVICES, INC	NONE	NONE	NONE	NONE	NONE
2 METHODIST HEALTH SERVICES CORPORATION	NONE	NONE	NONE	NONE	NONE
3 METHODIST MEDICAL CENTER OF ILLINOIS	NONE	40,000	150,000	NONE	NONE
4 PROVIDER RESOURCE MANAGEMENT, INC	NONE	NONE	NONE	NONE	NONE
5 HEARTLAND HOME HEALTH CARE, INC & SUBSIDIARIES	NONE	NONE	NONE	NONE	NONE
6					
7					
8					
9					
10					
Total	NONE	NONE	NONE	NONE	NONE

Alternative Minimum Tax - Corporations

2010

▶ See separate instructions

▶ Attach to the corporation's tax return

Name **METHODIST MEDICAL CENTER OF ILLINOIS** Employer identification number **37-0661223**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	739,040.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	12,057.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	751,097.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	751,097.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note. You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	751,097.
6	Alternative tax net operating loss deduction (see instructions)	6	665,136.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	85,961.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	45,961.
10	Multiply line 9 by 20% (.20)	10	9,192.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	9,192.
13	Regular tax liability before applying all credits except the foreign tax credit	13	66,120.
14	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

STATEMENT 14 *

STATEMENT 11

JWA For Paperwork Reduction Act Notice, see the instructions

Form 4626 (2010)

* SEE ALSO STMT 12 AND STMT 13

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	751,097.
2 ACE depreciation adjustment:			
a AMT depreciation	2a	45,401.	
b ACE depreciation			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	45,401.	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a			2c
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e			3f
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e			4f
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e			5f
6 Disallowance of loss on exchange of debt pools			6
7 Acquisition expenses of life insurance companies for qualified foreign contracts			7
8 Depletion			8
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property			9
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626			10
			751,097.

Depreciation and Amortization
 (Including Information on Listed Property) OTHER

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return METHODIST MEDICAL CENTER OF ILLINOIS	Business or activity to which this form relates OTHER DEPRECIATION	Identifying number 37-0661223
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a)	(c)
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	45,401.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	45,401.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

▶ **Attach to the corporation's tax return.**

2010

Name		Employer identification number
METHODIST MEDICAL CENTER OF ILLINOIS		37-0661223
1	Alternative minimum tax (AMT) for 2009. Enter the amount from line 14 of the 2009 Form 4626	1,984.
2	Minimum tax credit carryforward from 2009. Enter the amount from line 9 of the 2009 Form 8827	72,370.
3	Enter any 2009 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	74,354.
5	Enter the corporation's 2010 regular income tax liability minus allowable tax credits (see instructions)	66,120.
6	Is the corporation a "small corporation" exempt from the AMT for 2010 (see instructions)? • Yes Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No Complete Form 4626 for 2010 and enter the tentative minimum tax from line 12	9,192.
7a	Subtract line 6 from line 5. If zero or less, enter -0-	56,928.
7b	b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	
7c	c Add lines 7a and 7b	56,928.
8a	8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	56,928.
8b	b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	56,928.
8c	c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on line 32g of Form 1120 (or the applicable line of your return)	
9	9 Minimum tax credit carryforward to 2011. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	17,426.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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REFERENCE LABORATORY, CHILD CARE, RESEARCH AND PHYSICIANS ANSWERING SERVICE
TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

LIST OF LINES AMENDED

PART I, LINES 5 AND 13

PART II, LINES 15, 16, 17, 19, 20, 22B, 23, 28, 30,
31, 32 & 34

PART III, LINES 35C AND 39

PART IV, LINES 40E, 41, 43, 44G, 45, 47, 48 & 49
FORMS 4562 AND 4626, AS APPROPRIATE

THE RETURN HAS BEEN AMENDED TO TAKE INTO ACCOUNT THE UNRELATED BUSINESS TAXABLE INCOME OF A JOINT VENTURE, CENTRAL ILLINOIS CANCER CARE CENTER. INCOME AND EXPENSES WERE ORIGINALLY REPORTED AT GROSS VS. NET FOR THIS JOINT VENTURE. WE ARE REPORTING NET IN PART I, LINE 5, AND HAVE REDUCED UNRELATED BUSINESS INCOME FOR SERVICES PROVIDED TO PATIENTS OF THE TAXPAYER (PLR 200605013).

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 3

DESCRIPTION	AMOUNT
PREMIER PURCHASING PARTNER	25,805.
CICCC JOINT VENTURE	13,327.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	39,132.

FORM 990-T

OTHER INCOME

STATEMENT 4

DESCRIPTION

AMOUNT

TELECOMMUNICATIONS/ANSWERING SERVICE
CHILDCARE CENTER
RESEARCH

131,308.
889,052.
303,289.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

1,323,649.

CONTRIBUTIONS

STATEMENT

5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CONTRIBUTION SUBJECT TO LIMITATION:

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2005
 FOR TAX YEAR 2006
 FOR TAX YEAR 2007
 FOR TAX YEAR 2008
 FOR TAX YEAR 2009

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

21,608

TOTAL CONTRIBUTIONS AVAILABLE

21,608

TAXABLE INCOME LIMITATION AS ADJUSTED

21,608

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

21,608

TOTAL CONTRIBUTION DEDUCTION

21,608

FORM 990-T OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	AMOUNT
PURCHASED SERVICES	537,421.
SUPPLIES	661,295.
MISCELLANEOUS	173,742.
UTILITIES	21,007.
RENT	40,112.
ADMINISTRATIVE & GENERAL	268,480.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,702,057.

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 7

DESCRIPTION

AMOUNT

PAYMENT WITH PREVIOUSLY AMENDED RETURN

11,148.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G

11,148.

FORM 990-T	TAX COMPUTATION	STATEMENT 8
1.	TAXABLE INCOME	194,472
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000
3.	LINE 1 LESS LINE 2	144,472
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	25,000
5.	LINE 3 LESS LINE 4	119,472
6.	INCOME SUBJECT TO 34% TAX RATE	119,472
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,500
9.	25 PERCENT OF LINE 4	6,250
10.	34 PERCENT OF LINE 6	40,620
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX.	11,750
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	<u>66,120</u>

FORM 990-T

TAXES AND LICENSES

STATEMENT 9

DESCRIPTION

AMOUNT

PAYROLL TAXES

125,147.

ILLINOIS TAXES - BASED ON INCOME

15,315.

TOTAL TO FORM 1120, LINE 17

140,462.

NET OPERATING LOSS DEDUCTION

STATEMENT 10

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/95	3,682,263.	3,682,263.	0.	0.
12/31/96	631,393.	631,393.	0.	0.
12/31/97	946,060.	946,060.	0.	0.
12/31/98	2,467,643.	1,933,107.	534,536.	534,536.
12/31/03	10,032.		10,032.	10,032.
NOL AVAILABLE THIS YEAR			544,568.	544,568.

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 11

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/95	3,682,263.	3,682,263.	0.
12/31/96	631,393.	631,393.	0.
12/31/97	946,060.	946,060.	0.
12/31/98	2,467,643.	1,723,424.	744,219.
12/31/03	10,032.		10,032.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			754,251.

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 12

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	760,648
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS, AND DPAD	0
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL, AND DPAD	760,648
4) ACE ADJUSTMENT ITEMS	0
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4)	760,648
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT)	0
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT	0
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	0
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT	0
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)	760,648
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%).	76,065
12) TOTAL AVAILABLE CONTRIBUTIONS	21,608
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	21,608
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	739,040
15) NOL LIMITATION (90% OF LINE 14).	665,136
16) TOTAL NOL AVAILABLE	754,251
17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	665,136
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)	95,512
19) 10% OF LINE 18	9,551
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19)	9,551
21) REGULAR CONTRIBUTION DEDUCTION	21,608
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	12,057

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 13

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2005
- FOR TAX YEAR 2006
- FOR TAX YEAR 2007
- FOR TAX YEAR 2008
- FOR TAX YEAR 2009

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

21,608

TOTAL CONTRIBUTIONS

21,608

10% OF TAXABLE INCOME AS ADJUSTED

9,551

EXCESS CONTRIBUTIONS

12,057

ALLOWABLE CONTRIBUTIONS

9,551

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 14

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

12,057.

TOTAL TO FORM 4626, LINE 20

12,057.